

Premature births occurred in 8 per cent. more patients who had albuminuria than in those without, and in 21.5 per cent. when casts were present; the greater number of children in the latter patients were born more than four weeks before term. In the majority of cases albuminuria, with and without casts, beginning during pregnancy, persisted during labor.

Of women in labor, 25 per cent. had albuminuria, and 12 per cent. albumin and casts; this condition arose during labor, was most frequent in primiparae, and was uninfluenced by the patient's age; 53.7 per cent. of patients with albuminuria had casts. Albuminuria during pregnancy persisted after labor, while that occurring during labor generally disappeared subsequently. In patients who had albumin but no casts, a tendency to vesical catarrh after catheterization was noticed.

While in the majority of cases albumin and casts disappeared after labor, in a considerable proportion of cases nephritis supervened, especially in those in whom the condition began during pregnancy; neither the patient's age nor repeated pregnancy influenced these cases. Infarction of the placenta, premature separation, and fetal death were most frequent in cases of albuminuria with casts.

LIGATURE OF A FETAL LIMB BY THE UMBILICAL CORD.

MERKEL (*Centralblatt für Gynäkologie*, No. 17, 1889) reports the case of a male fetus on whose left forearm there was a deep circular fissure, the integument rising in ridges on each side; below the ring the limb was oedematous. The cord had a marginal insertion; it was twenty inches long. At birth the cord was not coiled about the fetus, but must have been shortly before; the oedema disappeared after birth.

A CASE OF HEMORRHAGE FROM THE UMBILICAL CORD.

AUVARD (*Archives de Tocologie*, June, 1889) reports the case of a healthy, well-formed infant who had persistent hemorrhage from the umbilical cord after the usual ligation. Ligation of each vessel of the cord separately and a second ligation of all together stopped the hemorrhage; the child lost three and a half ounces of blood, but recovered well.

GYNECOLOGY.

UNDER THE CHARGE OF

HENRY C. COE, M.D., M.R.C.S.,
OF NEW YORK.

PHYSICAL AND PSYCHICAL CHANGES IN WOMEN, FOLLOWING THE REMOVAL OF THE UTERUS AND OVARIES.

GLÆVECKE contributes an elaborate paper on this subject to the *Archiv für Gynäkologie*, Bd. xxxv., Heft 1. He considers the subject under two heads, the first including the effects of removal of the ovaries; the second,

the changes brought about in the organism by extirpation of the uterus. His deductions are as follows: After removal of the ovaries, menstruation ceases permanently in eighty-eight per cent. of the cases, either at once, or after a certain interval, while in the other twelve per cent. the flow becomes scanty and irregular. Vicarious hemorrhages are rare. In one-half of the cases observed the menstrual molimen persisted after the cessation of the flow. The usual climacteric phenomena, flushing, vertigo, irregular sweating, leucorrhœa, etc., are common, as well as the atrophy of the genital organs which follows the establishment of the menopause. Even when the uterus is considerably enlarged, by reason of the presence of chronic endometritis or fibroids, it commonly returns to its normal size after oöphorectomy, or even becomes atrophied. The general condition usually improves after castration; in forty-two per cent. of his cases the patient became stouter. Sexual desire was diminished in the majority of the cases; in some instances it was extinguished. The psychical disturbances were most marked, sometimes amounting to melancholia. In short, says the writer, removal of the ovaries induces an artificial menopause which is exactly similar to the natural one.

Total extirpation of the uterus in his experience of course led to complete cessation of the menstrual flow (even the vicarious loss), although the molimen was frequently present during the months immediately following the operation—a phenomenon explained by the periodical pelvic congestion due to persistence of the ovarian function. When the ovaries were not removed with the uterus, they suffered little appreciable change in size, although they tended to become atrophied on account of their lessened blood-supply. In every instance ovulation continued until the menopause. The effect of the operation on the body in general was not so marked as removal of the ovaries. The sexual feelings rarely suffered change, and in upwards of one-half of the cases there were no psychical disturbances. In one-third of the cases depression was noted, which under favorable circumstances might terminate in melancholia. In conclusion, the inference was unavoidable that removal of the ovaries produced a far more profound impression upon the entire organism than did extirpation of the uterus alone.

[It is only fair to call attention to the fact that although the writer's cases have been studied in the most careful and exhaustive manner, some of his deductions are so much at variance with those of observers of much wider experience (notably Tait) that we are inclined to receive them with some hesitation. Still, reliable observations of fifty cases are of more value than hasty and incomplete inferences based upon five hundred.—ED.]

GONORRHOËAL SALPINGITIS.

SCHMITT (*Archiv für Gynäkologie*, Bd. xxxv., Heft 1) makes a further contribution to this important subject, based upon observations made in twenty-seven cases of pyosalpinx. He believes that perimetritis may result from gonorrhœa in two ways, viz.: The specific poison may be transmitted directly along the tubal lining membrane, while at the same time the wall of the tube may serve as a channel through which the serous covering is affected, though the inflammation is not specific, since it is improbable that the gonococci could penetrate the wall. Or the gonorrhœal pus may escape into the peri-

toneal cavity and thus light up a perimetritis, which, however, we have no reason to regard as specific in character. The presence of gonococci in the escaped pus cannot be regarded as an argument in favor of the existence of a specific perimetritis, since the acrid character of the pus constitutes its real virulence.

FIBROMATA OF THE OVARIES IN AN OLD WOMAN.

TERRIER (*Progrès Méd.*, 1888, No. 24) reports the case of a woman, seventy-seven years of age, upon whom he performed a double ovariectomy, removing true fibrous tumors. Excessive œdema and ascites were present, but were completely cured after the recovery of the patient, who, at the time of the operation, was in very poor condition.

VAGINAL DRAINAGE OF BROAD LIGAMENT CYSTS.

JASTREBOW (*Zeitschrift für Geburtshilfe und Frauenkrankheiten*, 1888, No. 7) operated successfully in this way upon a woman, fifty-eight years old, to whom he did not venture to administer an anæsthetic on account of marked cardiac and pulmonary disease. The posterior fornix was opened, the cyst punctured, drawn down with forceps, and stitched into the wound. The sac was packed with gauze and soon closed. The reporter suggests this method as preferable to opening the abdomen and stitching the edges of the sac in the wound, especially where it is impossible to empty the cyst completely from above.

[The writer carefully avoids reference to the dangers incurred in opening into the cyst from below. The intimate relations which it must bear to the vessels in the broad ligaments render the procedure somewhat hazardous. It seems more in harmony with the spirit of modern surgery first to open the abdomen, though in a case like the one reported the plan adopted was quite proper.—Ed.]

ILEUS FOLLOWING VAGINAL EXTIRPATION OF THE UTERUS.

V. MÜLLER reported, at a meeting of the Obstetrical Society of St. Petersburg, a case of intestinal obstruction due to adhesion of two coils of small intestine at the bottom of Douglas's pouch. Obstruction did not occur until the tenth day following the operation; four days later fecal vomiting developed and laparotomy was performed on the fifteenth day, but the patient did not survive the shock. The reporter thinks that it is best not to close the peritoneal wound after removal of the uterus, in order to secure free drainage. [In a recent case of vaginal hysterectomy, occurring in the practice of the Editor, intestinal obstruction was recognized on the fourth day following the operation and secondary laparotomy was performed on the fifth. The patient did not recover from the shock of the second operation. There was no peritonitis.]

CASE OF SUPERNUMERARY OVARY.

SIPPEL (*Centralblatt für Gynäkologie*, May 4, 1889) describes an interesting case in which he operated upon a healthy girl, aged twenty-one, for abdominal

tumor. Two dermoid cysts, each with a distinct pedicle, were removed on one side, the pedicle of one cyst having undergone torsion. From the opposite horn of the uterus extended a normal tube, below which was a normal ovary. The writer explains this unique condition by assuming that the cysts developed originally from common germ epithelium, and that a separation occurred early in fetal life.

DEDUCTIONS FROM TWO HUNDRED AND EIGHTY-FIVE LAPAROTOMIES.

TAUFFER, of Budapest (*Orvosi Hetilap*, 1888, No. 48; *Centralblatt für Gynäkologie*), believes, as the result of his experience in these cases, that every movable ovarian tumor as large as the fist should be removed—the earlier the better. Intra-ligamentous cysts should not be disturbed until after they have risen out of the pelvis and are more accessible. Neither extreme youth nor age, chronic visceral lesions, or acute inflammatory processes, should deter one from operating when the life of the patient is at stake. The writer's mortality from ovariectomy (in ten cases there was accompanying supra-vaginal amputation of the uterus) was ten and four-tenths per cent., only four per cent. of the deaths being attributable to sepsis. Of thirty patients, whose ovaries and tubes were removed on various indications, none died. The list includes fifty-one hysteromyomectomies, with twelve deaths, the stump being treated extraperitoneally in every instance.

PELVIC MASSAGE.

WEISSENBERG (*Centralblatt für Gynäkologie*, June 1, 1889) states that he learned the principles of pelvic massage from Spiegelberg twelve years ago; it was then practised as an adjunct to the bath cure, which the writer still believes to be its true province. With regard to the technique of massage, he agrees with Thure Brandt that it is necessary for the operator to have a long and powerful index-finger in order that he may be able to reach and to stretch properly adhesions high up in the pelvis. To supply this deficiency in the physician the writer has devised a wooden obturator, like Bozeman's vaginal dilator, which is inserted into the posterior fornix and opposes the fingers placed upon the abdomen. If the pelvic adhesions or indurations are very tender the end of the obturator may be covered with soft rubber.

COVERING INOPERABLE CANCEROUS ULCERS WITH FLAPS OF HEALTHY SKIN.

KRASKE (*Münchener med. Wochenschrift*, 1889, No. 1) calls attention to the fact that if a cancerous ulcer (*cancer apertus*) can be healed or transformed into a *cancer occultus*, even though no attempt is made to remove it, many of the distressing accompaniments of the disease will be removed. To accomplish this, he removes the prominent masses and ulcerated portions as much as possible, then forms two flaps from the adjacent healthy skin and unites them over the wound. If the operation is performed under strict antiseptic precautions primary union is the rule.

[This plan might be adopted with advantage in cases of cancer of the vagina

and external genitals, where the redundancy of the tissues favors the formation of large flaps.—ED.]

THE RECOGNITION OF VULVO-VAGINITIS IN CHILDHOOD.

F. SPAETH (*Münchener med. Wochenschrift*, May 28, 1889) examining the discharge in twenty-one cases of vulvo-vaginitis, occurring in girls between the ages of three and eleven, found Neisser's coccus in fourteen. In none of the other seven patients did the inflammatory process extend to the urethral mucous membrane—an extremely important diagnostic point. In adult females with gonorrhœa the urethral discharge always contains the most characteristic gonococci. A specimen of this discharge is obtained for examination in children by first thoroughly irrigating the vagina with a sublimate solution, a small glass catheter being used for the purpose; as the catheter is withdrawn, its inner end is pressed along the urethra until, as it emerges, a drop of pus is squeezed from the meatus.

It is not always easy to discover the source of the infection. In eleven cases the mother had gonorrhœa, in two the father; in three only had the child been violated. Epidemics in families and hospitals are usually traceable to infected clothing, sponges, thermometers, etc.

The writer raises an interesting question, viz.: whether in children there is danger of the specific inflammation extending from the vagina to the uterus and tubes. In general, the trouble is limited to the lower portion of the genital tract, although a few cases of pyosalpinx of gonorrhœal origin have been reported.

The treatment of vulvo-vaginitis in children varies. Vaginal injections of carbolic acid, sublimate, and boro-salicylic solutions, pencils of thallin and iodoform, and soothing ointments are useful. The vagina is syringed out two or three times a week with a solution of bichloride (1 : 2000), after which a small iodoform pencil, containing a little sulphocarbolate of zinc, is introduced into both the vagina and urethra, the pencils being kept in position by a small tampon.

The progress of these cases is slow, the average duration of treatment being three and one-half months. It is highly important that local treatment should be directed to the urethra, since the folds of its lining membrane afford lodgement for the specific virus after the vulvo-vaginal mucosa is apparently healthy.

In concluding, the writer states his belief that in all cases of vulvo-vaginitis in children in which the urethra is affected and Neisser's coccus is found in the discharge, there has been specific infection even when the inflammation develops in the course of one of the acute exanthemata.

Note to Contributors.—All communications intended for insertion in the Original Department of this Journal are only received with the distinct understanding that they are contributed *exclusively* to this Journal for publication. Gentlemen favoring us with their communications are considered to be bound in honor to a strict observance of this understanding.

Liberal compensation is made for articles used. Extra copies, in pamphlet form, if desired, will be furnished to authors in lieu of compensation, provided the request for them be written on the manuscript.